



# CITY OF WOODSTOCK

## Bodywork Therapy Establishment Application

City Use: Received \_\_\_\_\_ Certificate No. \_\_\_\_\_

### Bodywork Therapy Establishment Checklist

- Consent Form; signed and notarized
- Letter from the on premise physician or chiropractor stating this Bodywork Therapy Establishment is practicing in their establishment and under their supervision, **if applicable.**
- Letter from physician stating the applicant is in good physical/mental health and free of contagious or communicable disease.
- Lease or sub-lease of a single room not otherwise licensed under this ordinance.
- Three (3) Character Affidavits from Woodstock residents (form attached)
- Two (2) picture ID's
- Bodywork Therapy Establishment Info Sheet, pages 2–3 of this packet
- Evidence of training or certifications in the bodywork therapy modality or profession.
- Insurance policy covering property damage and bodily injury liability
- Proof of residency in the state of Georgia for the last 3 years
- Proof no other Massage / Bodywork Therapy Establishment is closer than .5 mile from my proposed establishment.
- Non-refundable fee of \$50.00 application fee
- Non-refundable fee of \$50.00 for fingerprinting
- Occupational Tax License Application with appropriate fee
- Fingerprints taken by Woodstock Police Department



# CITY OF WOODSTOCK

## Bodywork Therapy Establishment Application

### Information Sheet

Full legal name *(include all aliases, nicknames, pseudonyms or trade names)*: \_\_\_\_\_

\_\_\_\_\_

Business history: List the name, address and time period of all businesses owned in the last three years. (Include corporate names / DBA's used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence history: List the name, address and time period of all places of residency in the last three years. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment history: List the name, address and time period of all employment in the last three years. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of all services to be provided: \_\_\_\_\_

\_\_\_\_\_

Have you, your business or place of employment, in any jurisdiction, had a license revoked or suspended? If so, explain all details pertaining to the violation and the outcome. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CITY OF WOODSTOCK

## Bodywork Therapy Establishment Application

### Information Sheet

List any/all criminal convictions of the applicant other than misdemeanor traffic violations, including the dates of conviction, description of the offense and the court where the conviction was received. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By initialing below, you acknowledge, understand and agree to comply with the following statements.**

\_\_\_\_\_ I have received a copy of the City of Woodstock's Massage Therapy Code of Ordinance

\_\_\_\_\_ I have read the above mentioned ordinance.

\_\_\_\_\_ I have signed a copy of the above mentioned ordinance and it has been submitted with my application.

\_\_\_\_\_ I must display my Occupational Tax License, Bodywork Therapy Establishment License in a prominent place in view of patrons.

\_\_\_\_\_ I must display my price rates for all services in a prominent place in view of patrons.

\_\_\_\_\_ I understand all employees of this Bodywork Therapy Establishment must complete a Work Permit Application and be issued said permit before commencing work.

\_\_\_\_\_ I will post the Georgia Bureau of Investigation Human Trafficking Notice Sign, no smaller than 5" x 10", in a non-customer area within the establishment

\_\_\_\_\_ I understand I cannot conduct Bodywork Therapy until I have received a Bodywork Therapy License from the City of Woodstock.

\_\_\_\_\_ After my Occupational Tax License and Bodywork Therapy Establishment applications are approved, I understand I must then apply for and be granted a Conditional Use Permit from the Mayor and City Council prior to operating.





# CITY OF WOODSTOCK

## Bodywork Therapy Establishment Application

### Oath

I/we, \_\_\_\_\_ hereby certify that the statements herein are true and correct, and authorize the City of Woodstock, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I further certify that I have read the Massage Therapy ordinance in the City of Woodstock Code of Ordinances.

\_\_\_\_\_  
*Signature of owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of owner*

\_\_\_\_\_  
*Date*

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Date

SEAL



# CITY OF WOODSTOCK

## Bodywork Therapy Establishment Application

### Character Assessment Affidavit #1

I am personally acquainted with \_\_\_\_\_ and have known him/her for \_\_\_\_\_ years/months. I am a resident of Woodstock and I believe I know him/her well enough to assess his/her character.

With confidence, I proclaim \_\_\_\_\_ is of good moral character.

---

Print Name

Signature

Date

### Character Assessment Affidavit #2

I am personally acquainted with \_\_\_\_\_ and have known him/her for \_\_\_\_\_ years/months. I am a resident of Woodstock and I believe I know him/her well enough to assess his/her character.

With confidence, I proclaim \_\_\_\_\_ is of good moral character.

---

Print Name

Signature

Date

### Character Assessment Affidavit #3

I am personally acquainted with \_\_\_\_\_ and have known him/her for \_\_\_\_\_ years/months. I am a resident of Woodstock and I believe I know him/her well enough to assess his/her character.

With confidence, I proclaim \_\_\_\_\_ is of good moral character.

---

Print Name

Signature

Date



# CITY OF WOODSTOCK

## Bodywork Therapy Establishment Application

### OFFICE USE ONLY

### Bodywork Therapy Establishment

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Occ. Tax Business ID #: \_\_\_\_\_

**ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE DEVELOPMENT SERVICES REPRESENTATIVE.**

\_\_\_\_\_  
Development Services Representative       Complete      \_\_\_\_\_  
Comments      Date

\_\_\_\_\_  
Records Clerk       Approved     Denied    \_\_\_\_\_  
Comments      Date

\_\_\_\_\_  
Detective       Approved     Denied    \_\_\_\_\_  
Comments      Date